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Psychosocial interventions for reducing the harmful effects of war and conflict-related violence on young children aged 0-11 years (Protocol)

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Background

UNICEF (2016) have estimated that one in ten children currently live in a conflict-affected society and these children are at risk of being exposed to daily violence in their communities. Children exposed to violence are thought to be at increased risk of harmful effects.

The literature mainly focuses on the risk of psychological effects from war, for example, PTSD, depression or anxiety disorders (Attanayake *et al*, 2009; Fasfous *et al*, 2013; Jordans *et al*, 2009; Punamäki *et al*, 2015). PTSD is the most common mental health condition associated with conflict, however children display a wide range of stress reactions. A meta-analysis of rates of PTSD in children and adolescents exposed to trauma found that, overall, 36% were diagnosed with PTSD (Fletcher 1996).

Until recently, rather less attention was paid to the influence of mediating variables (e.g. cultural context or family/community support) and their importance in reducing the impact of war or conflict (Tol et al, 2013). Many children are remarkably resilient in the face of exposure to conflict but, with increasing exposure, the risk factors to their well-being grow (Dimitry, 2012).

This understanding has informed preventative psychosocial interventions, which aim to promote resilience and improve protective factors for children living in war affected societies. Having certain elements included, such as promoting community cohesion and self-efficacy, may help reduce the negative effects of living in a war or conflict affected society (Betancourt 2013b; IASC 2007).

Methods

Objective: To assess the effectiveness of psychosocial interventions to reduce the harmful effects of war and conflict-related violence on young children aged 0 to 11 years.

Secondary objectives:

- 1) To identify whether the effectiveness of psychosocial interventions are mediated by factors such as cultural context or family/community support.
- 2) To determine whether psychosocial interventions have differential effects on children depending upon their age and gender and, if so, whether these differential effects vary for type of intervention.

Inclusion criteria:

- ✓ RCT’s, quasi-RCT’s and non-RCT’s (interventions delivered in conflict-affected societies are unlikely to have access to resources and/or the stable and secure environment needed to carry out a rigorous randomised trial);
- ✓ children aged 0-11 (who are not refugees, asylum seekers or internally displaced); living in a country presently or recently affected by war or conflict;
- ✓ any individual or group psychosocial intervention, delivered in any setting, to children (or their caregivers) compared with no intervention or a comparison with another relevant active intervention.

Outcome measures:

Acute stress reactions, internalising/externalising symptoms, resilience, pro-social behaviour and general psychosocial functionality.

Impact & Future Research

Children living in conflict-affected societies have unique needs for support and services. As such, any intervention delivered should be designed and implemented using the best available evidence. Professionals, policy makers and service providers will benefit from this review as to ‘what works’ for children living in these areas. Further exploration via doctoral research is planned to further extend the impact of this review. The aims are to:

- Further explore and increase our understanding of the most important outcomes of the systematic review using online survey analysis methods.
- Contribute to our understanding of the experiences of developing and delivering psychosocial interventions in conflict-affected areas (this will be achieved by selecting a sample of survey respondents to interview).
- Contribute to theoretical understandings of the impact of conflict on psychosocial outcomes amongst children.
- Inform the future development of interventions by considering the implications of the findings and making recommendations for policy and practice.

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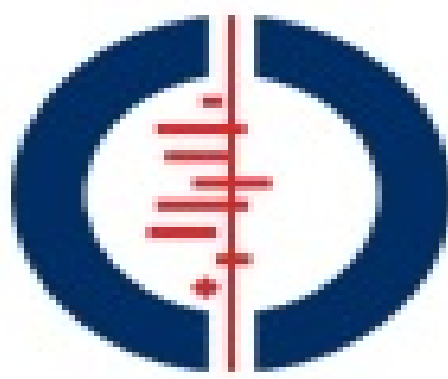
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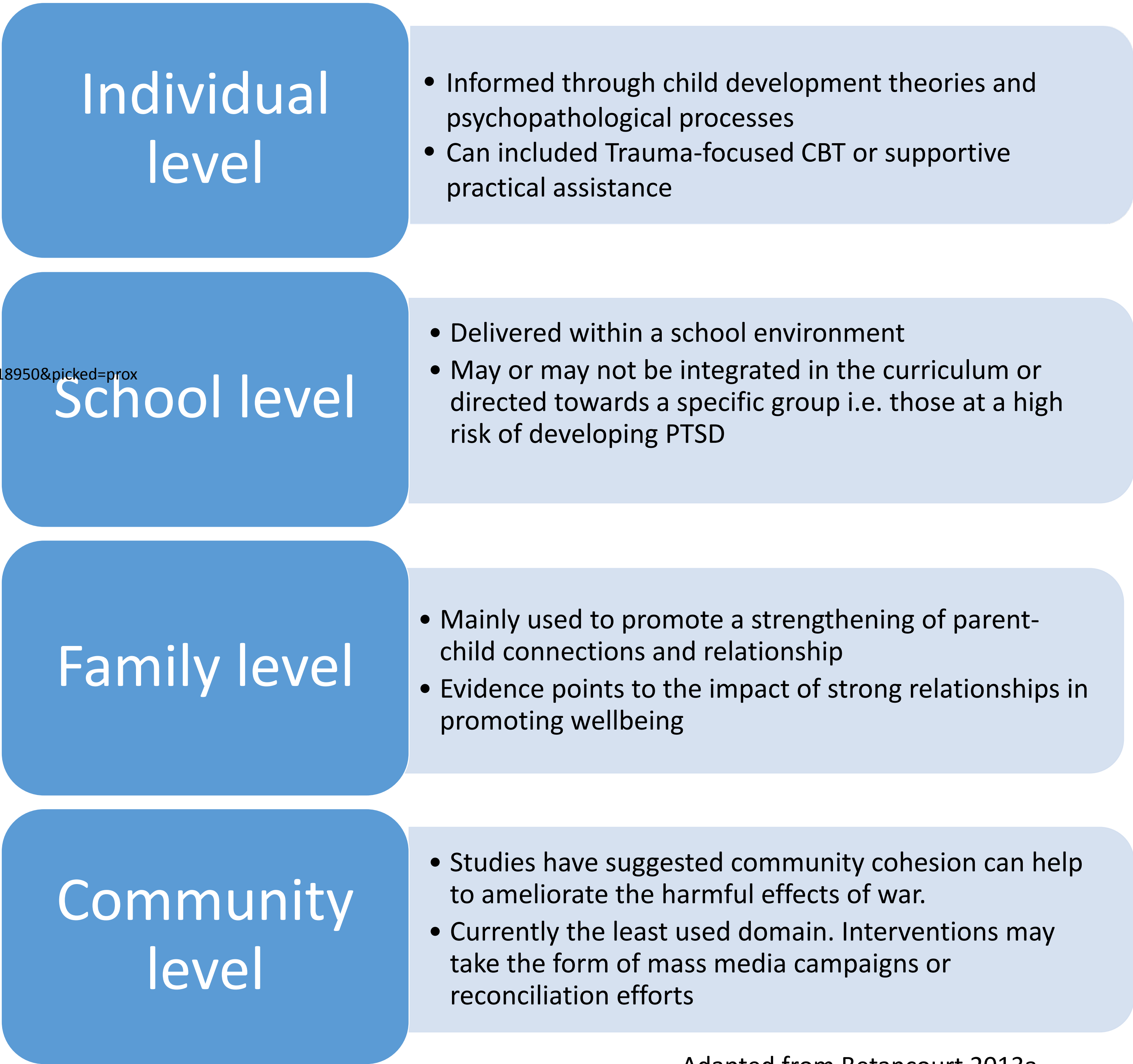
Cochrane Developmental, Psychosocial and Learning Problems

Psychosocial interventions

Psychosocial interventions to improve outcomes for young children living in a conflict affected society have not yet been subject to a Cochrane Systematic Review. Psychosocial interventions can be defined as any intervention offering psychological and/or social support that aims to help a child overcome challenges and attain or maintain good mental health. Crucially, psychosocial interventions do not use pharmacological interventions.

Psychosocial interventions can be categorised as falling under two general themes: *prevention focused* or *treatment focused*. Preventative interventions usually aim to improve or increase the supportive or protective factors a person needs to maintain good mental health. Treatment focused interventions are delivered to people diagnosed with a condition, for example, PTSD.

Both treatment and preventive interventions can be delivered in a multitude of settings and they can be very diverse in their form. Betancourt (2013a) provides a useful narrative overview of the four domains: at an individual level, a school level, a family level or at a community level:



Adapted from Betancourt 2013a.



Cochrane UK

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